DECLARATION

As a below named in	iventor, I declare tha	ıt:					
only one name is list claimed and for which is attached hereto of	sted below) or an or ch a patent is sought or was filed as \	riginal, first and jo on the invention of J.S. application S	ated below next to my noint inventor (if plural intentitled: FURNITURE verial No	nventors are named WITH MOLDED I or was descri	l below) of the FRAME the specified and claims	subject macification	atter which is of which:
referred to above. I Title 37, Code of Fe foreign applications	acknowledge the due de de la Regulations, Se (s) for patent or inv	ity to disclose info Section 1.56. I cla entor's certificate	ve identified specification rmation which is material aim foreign priority bene listed below and have a application on which pri	al to the examination fits under Title 35, also identified below	n of this application of the United States C	ition in ac ode, Secti	cordance with on 119 of any
Prior F reign Appl		Amiliantian No	Date of Fi	12	Deignier	Claimad	
Country	4	Application No.		ling	Priority Claimed Under 35 USC 119		
None					Yes		
			·		Yes	No	
Application No.	enefit under 35 U.S.	C. 119(e) of the to	Date of F				
None							
filing date of this ap	plication:		een the filing date of the		d the national or	PCT inte	rnational
Application Serial No.		Date of Filing		Status Patented	ed Pending Abandoned		
None	None				Pending	Aband	
				Patented			
					1 201111 27		
Full Name of Inventor 1	Last Name		First Name		Middle Name or Initial		
	Stipek		Grant				
Residence & Citizenship	City		State/Foreign Country		Country of Citizenship		
	Hansville		Washington		USA		7:- C-de
Post Office	Post Office Address 4320 N.E. Twin Spits Road		City Hansville		State/Country Washington	,	Zip Code 98340
Address 4320 N.E. Twin Spits Road			Transvine	······································	1 Washington		705-10
believed to be true; punishable by fine of	and further that thes	e statements were both, under section	n knowledge are true and made with the knowledgen 1001 of Title 18 of the t issuing thereon.	ge that willful false s	statements and the	ne like so i	nade are
Signature of Inver	_			-,,,,,,,			
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Date 6.7/9.5

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